

Image# 15970264427

PAGE 1 / 1

FEC FORM 2

STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full) Cheri Bustos		
(b) Address (number and street) PO Box 77		<input type="checkbox"/> Check if address changed
(c) City, State, and ZIP Code East Moline IL 61244-0077		2. Candidate's FEC Identification Number H2IL17071
4. Party Affiliation DEMOCRATIC PARTY		3. Is This Statement <input type="checkbox"/> New (N) OR <input checked="" type="checkbox"/> Amended (A)
5. Office Sought House	6. State & District of Candidate IL 17	

DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2016 election(s).
(year of election)

NOTE: This designation should be filed with the appropriate office listed in the instructions.

(a) Name of Committee (in full) Friends of Cheri Bustos		
(b) Address (number and street) 1050 17th ST NW Ste 590		
(c) City, State, and ZIP Code Washington DC 20036		

DESIGNATION OF OTHER AUTHORIZED COMMITTEES

(Including Joint Fundraising Representatives)

8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy.

NOTE: This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full) Austin Innovation 2015		
(b) Address (number and street) 1050 17th St NW Ste 590		
(c) City, State, and ZIP Code Washington DC 20036		

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

Signature of Candidate Cheri Bustos [Electronically Filed]	Date 02/12/2015
--	--------------------

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g.

--	--	--	--	--	--	--	--	--